Battle Plan Training: Module 7

Combat Stress Control Stabilization

Battle Plan Training Objectives

- The Battle Plan Training modules were developed:
  - To establish a structured training program for all Division Mental Health Section members;
  - To clarify the DMHS's tactics, techniques and procedures in Combat Stress Control operations.

Module 7 Objectives

- To understand the purpose of stabilization
- To distinguish emergency stabilization from full stabilization
- To identify methods to stabilize agitated casualties
- To understand where full stabilization occurs

Additional Resources

- During review of this Module, consult *Field Manual 8-51, Combat Stress Control in a Theater of Operations, Chapter 7.*

- The following resources may also prove helpful:
  - *FM 22-51, Leaders' Manual for Combat Stress Control*
  - *FM 8-55, Planning for Health Service Support*

Stabilization

- Combat Stress Control Stabilization is the acute management of a small percentage of BF and NP cases who have severe behavioral disturbances: violence, combativeness, and agitation.
- Stabilization requires restraining a casualty's disruptive behavior before he harms himself or others.

What is Considered Disruptive?

- Seriously Disoriented and Confused
- Paranoid
- Delusional
- Hallucinatory
- Suicidal
- Agitated and Restless
- Manic and Intrusive
- Threatening Violence

What Would Make A Soldier Agitated or Combative?

- ✔ Rarely Battle Fatigue
- ✔ Misconduct Stress Behaviors
- ✔ Neuropsychiatric Disorders
  - Paranoid Psychosis
  - Organic Brain Damage
    - Intoxication
    - Hyperthermia/Heat Stress
    - Metabolic imbalance
    - Atropine (NBC Antidote)
    - NBC effects

Levels of Stabilization

- Stabilization has two levels:
  - Emergency Stabilization
  - Full Stabilization

Emergency Stabilization

- Quickly brings a disruptive, combative casualty under control. Restraint is necessary to prevent injury (a high priority given easy access to weapons).
- Usually occurs at the forward echelons by non-medical and/or medical personnel.
- Allows for continued evaluation/treatment and evacuation under safe conditions.

Full Stabilization

- Involves the safe evacuation and extensive evaluation of the casualty, including potential for RTD.
- Typically occurs in an inpatient NP Ward of a hospital (corps level or higher): CSHs, Field Hospitals, and General Hospitals.
- Few soldiers who require full stabilization RTD.

More About Full Stabilization

- Evaluation may require time-consuming and sophisticated inquiries:
  - Laboratory, X Ray, thorough physical exam, specialty consultation, extensive personal history and collateral information.
- PIES is still used as foundation of treatment so long as safety permits.

Controlling an Agitated Casualty

- Verbally
  - Reassurance and Re-Orientation is often best.
- Show of Force
  - A team of 5 personnel present themselves in a non-threatening way to persuade the soldier to control his behavior.
- Restraints
  - Physical Restraints are applied by a 5-person team (one responsible for head and each limb).
  - Medication Restraints can be administered with or without physical restraints.

More About Physical Restraints

- Physically restraining a casualty is best done with 5 personnel.
  - Fewer increases the likelihood of injury.
  - More increases the likelihood of getting in each other's way.
- Restraining a casualty should combine verbal reassurance and show of force techniques.

More About Physical Restraints

- Physical restraints can include: lockable/padded leather cuffs, two litters sandwiching the casualty, sheets, or straps.
- The restraint team needs to review techniques to minimize injuries to the casualty and themselves.
- Check limb circulation and sensation/movement every 15-30 minutes. Nerve damage and/or tissue death can occur. Briefly release one limb when casualty is calm.

More About Medication Restraints

- Often follows physical restraint
  - Difficult to administer if unrestrained
  - Slower to act than physical restraint
- Helps reduce
  - hyperthermia due to struggling while restrained
  - limb injury while in physical restraint
  - distraction to other BF casualties in the vicinity
- Sedating effects can confuse the clinical picture and the effectiveness of other treatments.

Conclusion

- Stabilization is essential for safety to the casualty and to others in his surroundings.
- A variety of methods are available to restrain an agitated, combative soldier.
- Full stabilization maximizes safety during evacuation to a higher medical echelon and during a thorough evaluation for RTD.